

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 12     | 7/10     |
| FORMALITY REVIEW          | YGE      | 956    | 05/17/01 |
| RESPONSE FORMALITY REVIEW | H        | 1727   | 04/19/02 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        | ✓    |
| 2     | ✓     | ✓        | ✓    |
| 3     | ✓     | ✓        | ✓    |
| 4     | ✓     | ✓        | ✓    |
| 5     | ✓     | ✓        | ✓    |
| 6     | ✓     | ✓        | ✓    |
| 7     | ✓     | ✓        | ✓    |
| 8     | ✓     | ✓        | ✓    |
| 9     | ✓     | ✓        | ✓    |
| 10    | ✓     | ✓        | ✓    |
| 11    | ✓     | ✓        | ✓    |
| 12    | ✓     | ✓        | ✓    |
| 13    | ✓     | ✓        | ✓    |
| 14    | ✓     | ✓        | ✓    |
| 15    | ✓     | ✓        | ✓    |
| 16    | ✓     | ✓        | ✓    |
| 17    | ✓     | ✓        | ✓    |
| 18    | ✓     | ✓        | ✓    |
| 19    | ✓     | ✓        | ✓    |
| 20    | ✓     | ✓        | ✓    |
| 21    | ✓     | ✓        | ✓    |
| 22    | ✓     | ✓        | ✓    |
| 23    | ✓     | ✓        | ✓    |
| 24    | ✓     | ✓        | ✓    |
| 25    | ✓     | ✓        | ✓    |
| 26    | ✓     | ✓        | ✓    |
| 27    | ✓     | ✓        | ✓    |
| 28    | ✓     | ✓        | ✓    |
| 29    | ✓     | ✓        | ✓    |
| 30    | ✓     | ✓        | ✓    |
| 31    | ✓     | ✓        | ✓    |
| 32    | ✓     | ✓        | ✓    |
| 33    | ✓     | ✓        | ✓    |
| 34    | ✓     | ✓        | ✓    |
| 35    | ✓     | ✓        | ✓    |
| 36    | ✓     | ✓        | ✓    |
| 37    | ✓     | ✓        | ✓    |
| 38    | ✓     | ✓        | ✓    |
| 39    | ✓     | ✓        | ✓    |
| 40    | ✓     | ✓        | ✓    |
| 41    | ✓     | ✓        | ✓    |
| 42    | ✓     | ✓        | ✓    |
| 43    | ✓     | ✓        | ✓    |
| 44    | ✓     | ✓        | ✓    |
| 45    | ✓     | ✓        | ✓    |
| 46    | ✓     | ✓        | ✓    |
| 47    | ✓     | ✓        | ✓    |
| 48    | ✓     | ✓        | ✓    |
| 49    | ✓     | ✓        | ✓    |
| 50    | ✓     | ✓        | ✓    |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51    | ✓     | ✓        | ✓    |
| 52    | ✓     | ✓        | ✓    |
| 53    | ✓     | ✓        | ✓    |
| 54    | ✓     | ✓        | ✓    |
| 55    | ✓     | ✓        | ✓    |
| 56    | ✓     | ✓        | ✓    |
| 57    | ✓     | ✓        | ✓    |
| 58    | ✓     | ✓        | ✓    |
| 59    | ✓     | ✓        | ✓    |
| 60    | ✓     | ✓        | ✓    |
| 61    | ✓     | ✓        | ✓    |
| 62    | ✓     | ✓        | ✓    |
| 63    | ✓     | ✓        | ✓    |
| 64    | ✓     | ✓        | ✓    |
| 65    | ✓     | ✓        | ✓    |
| 66    | ✓     | ✓        | ✓    |
| 67    | ✓     | ✓        | ✓    |
| 68    | ✓     | ✓        | ✓    |
| 69    | ✓     | ✓        | ✓    |
| 70    | ✓     | ✓        | ✓    |
| 71    | ✓     | ✓        | ✓    |
| 72    | ✓     | ✓        | ✓    |
| 73    | ✓     | ✓        | ✓    |
| 74    | ✓     | ✓        | ✓    |
| 75    | ✓     | ✓        | ✓    |
| 76    | ✓     | ✓        | ✓    |
| 77    | ✓     | ✓        | ✓    |
| 78    | ✓     | ✓        | ✓    |
| 79    | ✓     | ✓        | ✓    |
| 80    | ✓     | ✓        | ✓    |
| 81    | ✓     | ✓        | ✓    |
| 82    | ✓     | ✓        | ✓    |
| 83    | ✓     | ✓        | ✓    |
| 84    | ✓     | ✓        | ✓    |
| 85    | ✓     | ✓        | ✓    |
| 86    | ✓     | ✓        | ✓    |
| 87    | ✓     | ✓        | ✓    |
| 88    | ✓     | ✓        | ✓    |
| 89    | ✓     | ✓        | ✓    |
| 90    | ✓     | ✓        | ✓    |
| 91    | ✓     | ✓        | ✓    |
| 92    | ✓     | ✓        | ✓    |
| 93    | ✓     | ✓        | ✓    |
| 94    | ✓     | ✓        | ✓    |
| 95    | ✓     | ✓        | ✓    |
| 96    | ✓     | ✓        | ✓    |
| 97    | ✓     | ✓        | ✓    |
| 98    | ✓     | ✓        | ✓    |
| 99    | ✓     | ✓        | ✓    |
| 100   | ✓     | ✓        | ✓    |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101   | ✓     | ✓        | ✓    |
| 102   | ✓     | ✓        | ✓    |
| 103   | ✓     | ✓        | ✓    |
| 104   | ✓     | ✓        | ✓    |
| 105   | ✓     | ✓        | ✓    |
| 106   | ✓     | ✓        | ✓    |
| 107   | ✓     | ✓        | ✓    |
| 108   | ✓     | ✓        | ✓    |
| 109   | ✓     | ✓        | ✓    |
| 110   | ✓     | ✓        | ✓    |
| 111   | ✓     | ✓        | ✓    |
| 112   | ✓     | ✓        | ✓    |
| 113   | ✓     | ✓        | ✓    |
| 114   | ✓     | ✓        | ✓    |
| 115   | ✓     | ✓        | ✓    |
| 116   | ✓     | ✓        | ✓    |
| 117   | ✓     | ✓        | ✓    |
| 118   | ✓     | ✓        | ✓    |
| 119   | ✓     | ✓        | ✓    |
| 120   | ✓     | ✓        | ✓    |
| 121   | ✓     | ✓        | ✓    |
| 122   | ✓     | ✓        | ✓    |
| 123   | ✓     | ✓        | ✓    |
| 124   | ✓     | ✓        | ✓    |
| 125   | ✓     | ✓        | ✓    |
| 126   | ✓     | ✓        | ✓    |
| 127   | ✓     | ✓        | ✓    |
| 128   | ✓     | ✓        | ✓    |
| 129   | ✓     | ✓        | ✓    |
| 130   | ✓     | ✓        | ✓    |
| 131   | ✓     | ✓        | ✓    |
| 132   | ✓     | ✓        | ✓    |
| 133   | ✓     | ✓        | ✓    |
| 134   | ✓     | ✓        | ✓    |
| 135   | ✓     | ✓        | ✓    |
| 136   | ✓     | ✓        | ✓    |
| 137   | ✓     | ✓        | ✓    |
| 138   | ✓     | ✓        | ✓    |
| 139   | ✓     | ✓        | ✓    |
| 140   | ✓     | ✓        | ✓    |
| 141   | ✓     | ✓        | ✓    |
| 142   | ✓     | ✓        | ✓    |
| 143   | ✓     | ✓        | ✓    |
| 144   | ✓     | ✓        | ✓    |
| 145   | ✓     | ✓        | ✓    |
| 146   | ✓     | ✓        | ✓    |
| 147   | ✓     | ✓        | ✓    |
| 148   | ✓     | ✓        | ✓    |
| 149   | ✓     | ✓        | ✓    |
| 150   | ✓     | ✓        | ✓    |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

523-19-01  
04-04  
852